

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) EARN INTERNATIONAL UNION OF OPERATING ENGINEERS			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00624817 </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee INTERNATIONAL UNION OF OPERATING ENGINEERS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10226.29</div>		
City State Zip Code WASHINGTON DC 20036		Transaction ID : SE.4603 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>			
Purpose of Expenditure Canvassing Salary & Benefits		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">192264.32</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee INTERNATIONAL UNION OF OPERATING ENGINEERS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1636.27</div>		
City State Zip Code WASHINGTON DC 20036		Transaction ID : SE.4604 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2016</div> </div>			
Purpose of Expenditure Canvassing Salary & Benefits		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate HASSAN, MARGARET WOOD, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3570.82</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11862.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

Signature

[Electronically Filed]

Date

MM / DD / YYYY

10 / 27 / 2016

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Full Name of Payee INTERNATIONAL UNION OF OPERATING ENGINEERS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 1125 17TH ST NW		Amount 2015.37
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type 001	Transaction ID : SE.4605 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate DRISKELL, GRETCHEN, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 7421.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INTERNATIONAL UNION OF OPERATING ENGINEERS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 1125 17TH ST NW		Amount 1008.17
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type 001	Transaction ID : SE.4606 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 18105.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3023.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee LANDMARK STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 8741 Center Rd		Amount 2070.44
City Springfield	State VA	Zip Code 22152
Purpose of Expenditure Live Calls	Category/Type 004	Transaction ID : SE.4607 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 194334.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THOMPSON RYER		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2120 L Street, NW, #305.		Amount 740.69
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/Type 004	Transaction ID : SE.4608 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 195075.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2811.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*HICKEY, BRIAN, E, Mr.,**[Electronically Filed]*

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee THOMPSON RYER		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2120 L Street, NW, #305.		Amount 106.45
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/Type 004	Transaction ID : SE.4609 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		3677.27

Full Name of Payee THOMPSON RYER		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2120 L Street, NW, #305.		Amount 106.45
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/Type 004	Transaction ID : SE.4610 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate DRISKELL, GRETCHEN, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		7527.95

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	212.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee THOMPSON RYER		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2120 L Street, NW, #305.		Amount 127.40
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : SE.4611 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 18232.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	127.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	18037.53

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